

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 101678004 FILING DATE  
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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38	1					
39	1	1				
40		1				
41		1				
42		1				
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50						
TOTAL IND	2					
TOTAL DEP	1					
TOTAL CLAIMS	20					
51						
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TOTAL CLAIMS						

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